

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	X						51		
2		X					52		
3	-						53		
4		-					54		
5	-						55		
6		X					56		
7		-					57		
8							58		
9	X						59		
10	-						60		
11	-						61		
12	X						62		
13	-						63		
14	-						64		
15	X						65		
16	-						66		
17	-						67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	18						TOTAL IND.		
TOTAL DEP.	3						TOTAL DEP.		
TOTAL CLAIMS	21						TOTAL CLAIMS		